



United States  
Environmental Protection Agency  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Seipasa, S.A. c/o Walter G. Talarek PC 1008 Riva Ridge Drive Great Falls, VA 22066-1620 <input checked="" type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Application for registration of a new end-use product which has food and non-food uses, contains an unregistered source of its biochemical active ingredient, whose active ingredient has an established tolerance exemption, and will be handled by the Biopesticides and Pollution Prevention Division. PRIA fee category B672 is applicable.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) <u>HDPE</u>		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1, 2.5, 3, 5, 50, 250 & 260 gal.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Walter G. Talarek	Title Authorized Agent	Telephone No. (Include Area Code) 703-759-4837
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Authorized Agent	
4. Typed Name Walter G. Talarek	5. Date January 31, 2017	



United States  
Environmental Protection Agency  
Washington, DC 20460

☐  
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Registration  
Amendment  
Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-E	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Seipasa S.A. c/o Walter G. Talarek PC 1008 Riva Ridge Drive Great Falls, VA 22066-1620 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of Group B product chemistry study in support of application for registration. Please see the enclosed letter to Mr. Andrew Bryceland, PM 91, for an explanation of the submission.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
		<input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Walter G. Talarek	Title Authorized Agent	Telephone No. (Include Area Code) 703-759-4837	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Authorized Agent		
4. Typed Name Walter G. Talarek	5. Date May 15, 2017		



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-E	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code)  Seipasa S.A. c/o Walter G. Talarek PC 1008 Riva Ridge Drive Great Falls, VA 22066-1620 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of information and data in response to Ms. Linda Hollis's (Chief, Biopesticides Branch) undated deficiency letter that was received on June 14, 2017.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
<input type="checkbox"/> Other _____					

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Walter G. Talarek	Title Authorized Agent	Telephone No. (Include Area Code) 703-759-4837
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Authorized Agent	
4. Typed Name Walter G. Talarek	5. Date June 17, 2017	





United States  
Environmental Protection Agency  
Washington, DC 20460

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Registration  
Amendment  
Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code)  Seipasa S.A. c/o Walter G. Talarek PC 5153 Allison Marshall Drive Warrenton, VA 20187-8980  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 91473-2 Product Name Seican	

## Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to product's registration which revises the product's label to fix a typographical error in the Hazards to Humans and Domestic Animals section. See the enclosed letter to Mr. Andrew Bryceland, PM 91, for a full explanation of the amendment.

## Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____	

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Walter G. Talarek		Title Authorized Agent	
		Telephone No. (Include Area Code) 540-935-2344	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Authorized Agent	
4. Typed Name Walter G. Talarek		5. Date June 27, 2018	





United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Seipasa S.A. c/o Walter G. Talarek P.C. 5153 Allison Marshall Drive Warrenton, VA 20187-8980  <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 91473-2 Product Name Seican

## Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to product's registration which revises the product's label. Please see the enclosed letter to Mr. Andrew Bryceland, PM 91, for a full explanation of the revisions.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Walter G. Talarek	Title Authorized Agent	Telephone No. (Include Area Code) 540-935-2344
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Authorized Agent	
4. Typed Name Walter G. Talarek	5. Date 1/28/2019	



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Seipasa S.A. c/o Walter G. Talarek PC 5153 Allison Marshall Drive Warrenton, VA 20187-8980  <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 91473-2 Product Name Seican

## Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to product's registration which makes minor revisions to the product's label. See the enclosed letter to Mr. Andrew Bryceland, PM 91, for a detailed identification of the revisions being made by this amendment.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Walter G. Talarek		Title Authorized Agent	
		Telephone No. (Include Area Code) 540-935-2344	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Authorized Agent	
4. Typed Name Walter G. Talarek		5. Date February 25, 2019	



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code)  Seipasa S.A. c/o Walter G. Talarek PC 5153 Allison Marshall Drive Warrenton, VA 20187  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated August 13, 2019
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of one (1) copy of final printed labeling in response to Agency letter dated August 13, 2019. Labeling includes label and booklet. See the attached letter to Mr. Andrew Bryceland, PM 91, for an explanation of the submission.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Walter G. Talarek		Title Authorized Agent	
		Telephone No. (Include Area Code) 540-935-2344	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Authorized Agent	
4. Typed Name Walter G. Talarek		5. Date August 28, 2019	





United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number  
91473-2

2. EPA Product Manager  
Andrew Bryceland

3. Proposed Classification  
☒ None ☐ Restricted

4. Company/Product (Name)  
Seican

PM#  
91

5. Name and Address of Applicant (Include ZIP Code)

Seipasa S.A. c/o Walter G. Talarek PC  
5153 Allison Marshall Drive Warrenton, VA 20187

☐ Check if this is a new address

6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:

EPA Reg. No. 91473-2

Product Name Seican

## Section - II

☒ Amendment - Explain below.

☐ Resubmission in response to Agency letter dated \_\_\_\_\_

☐ Notification - Explain below.

☐ Final printed labels in response to  
Agency letter dated \_\_\_\_\_

☐ "Me Too" Application.

☐ Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to product's registration which adds the crop "hemp" to the product's label. See the enclosed letter to Mr. Andrew Bryceland, PM 91, for a detailed explanation of the revision being made to the product's label.

## Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging

☐ Yes\*  
☐ No

Unit Packaging

☐ Yes  
☐ No

Water Soluble Packaging

☐ Yes  
☐ No

2. Type of Container

☐ Metal  
☐ Plastic  
☐ Glass  
☐ Paper  
☐ Other (Specify) \_\_\_\_\_

\* Certification must  
be submitted

If "Yes"  
Unit Packaging wgt.

No. per  
container

If "Yes"  
Package wgt

No. per  
container

3. Location of Net Contents Information

☐ Label

☐ Container

4. Size(s) Retail Container

5. Location of Label Directions

☐ On Label

☐ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product

☐ Lithograph  
☐ Paper glued  
☐ Stenciled

☐ Other \_\_\_\_\_

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name

Walter G. Talarek

Title

Authorized Agent

Telephone No. (Include Area Code)

540-935-2344

## Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application  
Received  
(Stamped)

2. Signature

*W. G. Talarek*

3. Title

Authorized Agent

4. Typed Name

Walter G. Talarek

5. Date

March 18, 2020





United States  
Environmental Protection Agency  
Washington, DC 20460

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Registration  
Amendment  
Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number  
91473-2

2. EPA Product Manager  
Andrew Bryceland

3. Proposed Classification

☒ None ☐ Restricted

4. Company/Product (Name)  
Seican

PM#  
91

5. Name and Address of Applicant (Include ZIP Code)

Seipasa S.A. c/o Walter G. Talarek PC  
5153 Allison Marshall Drive Warrenton, VA 20187

☐ Check if this is a new address

6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:

EPA Reg. No. 91473-2

Product Name Seican

## Section - II

☒ Amendment - Explain below.

☐ Resubmission in response to Agency letter dated \_\_\_\_\_

☐ Notification - Explain below.

☐ Final printed labels in response to  
Agency letter dated \_\_\_\_\_

☐ "Me Too" Application.

☐ Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Amendment to product's registration which adds supplemental labeling listing hemp as an approved crop. This product was approved for use on hemp on July 22, 2020. See the enclosed letter to Mr. Andrew Bryceland, PM 91, for a detailed explanation of the amendment

## Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging

☐ Yes\*  
☐ No

Unit Packaging

☐ Yes  
☐ No

Water Soluble Packaging

☐ Yes  
☐ No

2. Type of Container

☐ Metal  
☐ Plastic  
☐ Glass  
☐ Paper  
☐ Other (Specify) \_\_\_\_\_

\* Certification must  
be submitted

If "Yes"  
Unit Packaging wgt.

No. per  
container

If "Yes"  
Package wgt

No. per  
container

3. Location of Net Contents Information

☐ Label ☐ Container

4. Size(s) Retail Container

5. Location of Label Directions

☐ On Label  
☐ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product

☐ Lithograph  
☐ Paper glued  
☐ Stenciled

☐ Other \_\_\_\_\_

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name  
Walter G. Talarek

Title  
Authorized Agent

Telephone No. (Include Area Code)  
540-935-2344

## Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application  
Received  
(Stamped)

2. Signature

3. Title

Authorized Agent

4. Typed Name

Walter G. Talarek

5. Date

August 14, 2020



United States  
Environmental Protection Agency  
Washington, DC 20460

<input type="checkbox"/>	Registration
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification  <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code)  Seipasa S.A. c/o Walter G. Talarek PC 5153 Allison Marshall Drive Warrenton, VA 20187  <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 91473-2  Product Name Seican

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to product's registration which adds supplemental labeling listing hemp as an approved crop. This product was approved for use on hemp on July 22, 2020. See the enclosed letter to Mr. Andrew Bryceland, PM 91, for a detailed explanation of the amendment.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Walter G. Talarek	Title Authorized Agent	Telephone No. (Include Area Code) 540-935-2344
Certification  I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received  (Stamped)
2. Signature 	3. Title Authorized Agent	
4. Typed Name Walter G. Talarek	5. Date August 27, 2020	





United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Seipasa S.A. c/o Walter G. Talarek PC 5153 Allison Marshall Drive Warrenton, VA 20187  <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 91473-2 Product Name Seican

## Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Application for amendment to product's registration which revises the product's label. See the enclosed letter to Mr. Andrew Bryceland, PM 91, for a detailed explanation of the revisions being made to the product's label.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Walter G. Talarek		Title Authorized Agent	
		Telephone No. (Include Area Code) 540-935-2344	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Authorized Agent	
4. Typed Name Walter G. Talarek		5. Date October 15, 2020	



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0080

Print Form



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number  
91473-2

2. EPA Product Manager  
Andrew Bryceland

3. Proposed Classification  
☒ None ☐ Restricted

4. Company/Product (Name)  
Seican

PM#  
91

5. Name and Address of Applicant (Include ZIP Code)  
Seipasa S.A. c/o Walter G. Talarek PC  
5153 Allison Marshall Drive Warrenton, VA 20187

☐ Check if this is a new address

6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:

EPA Reg. No. \_\_\_\_\_

Product Name \_\_\_\_\_

### Section - II

☐ Amendment - Explain below.

☒ Final printed labels in response to 1/29/2021  
Agency letter dated \_\_\_\_\_

☐ Resubmission in response to Agency letter dated \_\_\_\_\_

☐ "Me Too" Application.

☐ Notification - Explain below.

☐ Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Submission of one (1) copy of final printed labeling in response to Agency letter dated January 29, 2021.

### Section - III

#### 1. Material This Product Will Be Packaged In:

Child-Resistant Packaging

☐ Yes\*  
☐ No

Unit Packaging

☐ Yes  
☐ No

Water Soluble Packaging

☐ Yes  
☐ No

2. Type of Container

☐ Metal  
☐ Plastic  
☐ Glass  
☐ Paper  
☐ Other (Specify) \_\_\_\_\_

\* Certification must be submitted

If "Yes"  
Unit Packaging wgt. \_\_\_\_\_

No. per  
container \_\_\_\_\_

If "Yes"  
Package wgt \_\_\_\_\_

No. per  
container \_\_\_\_\_

3. Location of Net Contents Information

☐ Label ☐ Container

4. Size(s) Retail Container

5. Location of Label Directions

☐ On Label  
☐ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product

☐ Lithograph  
☐ Paper glued  
☐ Stenciled

☐ Other \_\_\_\_\_

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name  
Walter G. Talarek

Title  
Authorized Agent

Telephone No. (Include Area Code)  
540-935-2344

#### Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application Received  
(Stamped)

2. Signature

3. Title

Authorized Agent

4. Typed Name

Walter G. Talarek

5. Date

February 8, 2021





Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080

Print Form



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number  
91473-2

2. EPA Product Manager  
Andrew Bryceland

3. Proposed Classification

☒ None ☐ Restricted

4. Company/Product (Name)  
Seican

PM#  
91

5. Name and Address of Applicant (Include ZIP Code)

Seipasa S.A. c/o Walter G. Talarek PC  
5153 Allison Marshall Drive Warrenton, VA 20187

☐ Check if this is a new address

6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:

EPA Reg. No. \_\_\_\_\_

Product Name \_\_\_\_\_

## Section - II

☐ Amendment - Explain below.

☒ Final printed labels in response to March 18, 2021

☐ Resubmission in response to Agency letter dated \_\_\_\_\_

☐ Agency letter dated

"Me Too" Application.

☐ Notification - Explain below.

☐ Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Submission of one (1) copy of product's final printed labeling in response to Agency's letter of March 18, 2021.

## Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging

☐ Yes\*  
☐ No

Unit Packaging

☐ Yes  
☐ No

Water Soluble Packaging

☐ Yes  
☐ No

2. Type of Container

☐ Metal  
☐ Plastic  
☐ Glass  
☐ Paper  
☐ Other (Specify) \_\_\_\_\_

\* Certification must  
be submitted

If "Yes"  
Unit Packaging wgt.

No. per  
container

If "Yes"  
Package wgt

No. per  
container

3. Location of Net Contents Information

☐ Label ☐ Container

4. Size(s) Retail Container

5. Location of Label Directions

☐ On Label  
☐ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product

☐ Lithograph  
☐ Paper glued  
☐ Stenciled

☐ Other \_\_\_\_\_

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name  
Walter G. Talarek

Title  
Authorized Agent

Telephone No. (Include Area Code)  
540-935-2344

## Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application  
Received  
(Stamped)

2. Signature

3. Title

Authorized Agent

4. Typed Name

Walter G. Talarek

5. Date

April 12, 2021





Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060

Print Form



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 91473-2	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Seican	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Seipasa S.A. c/o Walter G. Talarek PC 5153 Allison Marshall Drive Warrenton, VA 20187  <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

### Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Request for letters of certification (Gold Seal Letters) for the above-referenced product for exportation of the product to Egypt and Morocco. PRIA Fee Category M006 is applicable. Please send the Gold Seal Letters to wtalarek@comcast.net and jasensi@seipasa.com. Seipasa's mailing address is Ciudad Dario, naves 1-3-5, 46250 L'Alcudia (Valencia) Spain.

### Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____	

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Walter G. Talarek	Title Authorized Agent	Telephone No. (Include Area Code) 540-935-2344
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Authorized Agent	
4. Typed Name Walter G. Talarek	5. Date February 6, 2023	